

## Team Evaluation Summary Report and Prior Notice of Eligibility Determination: Autism

Student \_\_\_\_\_ Date of meeting \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

**Definition:** A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects the student's education performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movement, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a student's educational performance is adversely affected primarily because the student has an emotional disturbance. If a student manifests characteristics of the disability category autism after age 3, that student could be diagnosed as having autism if the criteria in this section are satisfied.

☐ **Medical and developmental history from qualified health professional is attached.**

### Assessment Information for Classification:

1. Intellectual Assessment (test, date, results)

\_\_\_\_\_  
 \_\_\_\_\_

2. Academic Assessment (test, date, results)

\_\_\_\_\_  
 \_\_\_\_\_

3. Social / Adaptive Assessment (test, date, results)

\_\_\_\_\_  
 \_\_\_\_\_

4. Autism Checklist (test, date, results)

\_\_\_\_\_  
 \_\_\_\_\_

5. Communication Assessment (test, date, results)

\_\_\_\_\_  
 \_\_\_\_\_

6. Information from Parents

\_\_\_\_\_  
 \_\_\_\_\_

- Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
- Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

### Parent Prior Notice for Eligibility Determination

The Procedural Safeguards you received previously afford you protection. You may request another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the multidisciplinary team proposes the following action:

- ☐ This student has the educational classification of Autism, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction.
- ☐ This student does **not** have the educational classification of Autism, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction.

\_\_\_\_\_  
 Special Education Teacher Signature Date

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Parent Signature (signature acknowledges receipt of copy) Date

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

\*Note: If parent signature is missing, check below:

- ☐ Did not attend (document efforts to involve parent)
- ☐ Copy of this document mailed to parent on (date) \_\_\_\_\_

☐ Participated via telephone, video conference or other means